

## Telehealth for the new Pacific

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Professional isolation of the health workforce in the Pacific is changing. I remember how it was in 1980 when I returned home to the Islands as a young staff physician to McDonald Memorial Hospital in the Republic of Palau. A couple had been in a boat accident and the woman had suffered a severe head injury. We had x-ray capability, limited operating room capacity and a general surgeon. I used our antiquated Trust Territory-vintage phone system to wake up a neurosurgeon who was on-call for the Queen's Medical Center in Honolulu and asked for advice. He listened to my oral presentation and then recommended that we place "burr holes" to both sides of the skull in the operating room and evacuate the patient to the nearest neuro-surgical unit. The patient tolerated the procedure, was evacuated the next day, spent two weeks recovering without further surgical intervention, and survived the accident.

Little did I know that in a few years, we would be conducting remote and quite sophisticated medical consultation and referral services via email and the Internet to distant tertiary care medical centers and be accessing a myriad of distance learning resources to more efficiently and effectively serve the health needs of our isolated Pacific communities.

In 1995, at the First Annual Pacific Basin Medical Association Meeting held in Pohnpei, Tripler Army Medical Center (TAMC) physicians Dr. Ace Johnson in Honolulu and Dr. Donald Person in Pohnpei demonstrated how we could conduct both distance medical learning and distance medical consultation activities using the *Picasso Phone* system. Although the system was bulky and somewhat difficult to use, Drs. Person and Johnson and the *Picasso Phone* introduced us to the exciting and broad applications of Telehealth.

Since then with the introduction of email and the Internet to our corner of the Pacific regional Telehealth activities have progressed utilizing the strengths of listserver, store and forward, and live video teleconferencing technologies for clinical, public health, disease surveillance, and learning applications. The Pacific Public Health Surveillance Network, PACNET, and the PBMA's Western Pacific HealthNet are exciting Telehealth outgrowths of these technologies.

The **1998 Pacific Telehealth Conference** in Noumea sponsored by the Secretariat of the Pacific Community and the PBMA was a sentinel event, which brought together health workers, educators, and information and communi-

cations technology specialists from the Pacific. Our overall aim was to improve communication and networking of health professions throughout the Pacific. Four conference panels were convened to discuss and plan for 1) establishing medical associations, public health networks, and the roles of information and communications technology, 2) distance education, academic and continuing how to deliver a curriculum, 3) integrating methods and resources for distance consultation: development of a joint PACNET/WPHNET website, and 4) outbreak identification and response: how to establish a Pacific-based network of reference laboratories. Outcomes were enthusiastic. This issue of the *Pacific Health Dialog* documents our first steps to develop broader health networks.

At the recent 6th PBMA/WPHNET Annual Meeting held in Yap on February 21-24, 2001, Dr. Person was again scheduled to give us an update of the TAMC's Pacific Island Health Care Program (PIHCP) and its Telemedicine activities that are linked by the Internet to all the major hospitals among the U.S.-Associated Pacific Island (US-API) jurisdictions. However, Dr. Person could not physically attend the Yap Meeting and, instead, delivered the presentation by downloaded "stored" slides and a live phone patch to the conference audio system at the Yap Computer Lab. As he spoke over the telephone from Honolulu to the PBMA conferees, his Power Point presentation slides were flashed sequentially on to the screen in Yap. His message: over 1100 formal web-based medical consults have been received and processed by the PIHCP at TAMC since late 1997 from the USAPI - the heaviest users being Chuuk, Marshall Islands and Palau.

After Dr. Person's presentation followed a seamless real-time video teleconference from Guam via PeaceSat with Dr. Maureen Fochtman, Dean of the Nursing School at the University of Guam. Along with her colleagues at the University of Guam she briefed the PBMA members in Yap on the status of the U.S. Health Resources and Services Administration's Telehealth Initiatives for the region. Her message was upbeat: Telehealth opportunities in the Pacific are becoming more accessible.

We in the Pacific have come a long way in communications and networking for health and with our colleagues from the Secretariat of the Pacific Community we are proud to document in this issue of the *PHD* our tentative steps in telehealth into this new millennium. If done right, telehealth and its networking can be affordable, accessible, and appropriate to support - in a sustainable fashion - the distance medical, public health, disease surveillance, and learning needs of our health workforce spread throughout the vast Pacific.

In closing, I would like to personally thank Drs. Yvan Souares and Tom Kiedrzynski, their colleagues at SPC, and all the contributing authors for their diligence and persistence in making this *PHD* Telehealth issue possible. •

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